

FORM PTO-1390 (REV 10-94)		U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE	ATTORNEY'S DOCKET NUMBER 09548.1031USWO
TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371			U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5) Unknown 10/581017
INTERNATIONAL APPLICATION NO. PCT/CN2004/001370	INTERNATIONAL FILING DATE November 29, 2004	PRIORITY DATE CLAIMED December 1, 2003	
TITLE OF INVENTION HUVASTATIN AND ITS PREPARATION AND FORMULATION COMPRISING THE HUVASTATIN			
APPLICANT(S) FOR DO/EO/US YE et al.			
Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:			
<ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371. 2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371. 3. <input checked="" type="checkbox"/> This express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39(I). 4. <input type="checkbox"/> A proper Demand for International Preliminary Examination was made by the 19th month from the earliest claimed priority date. 5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) <ol style="list-style-type: none"> a. <input checked="" type="checkbox"/> is transmitted herewith (required only if not transmitted by the International Bureau). b. <input type="checkbox"/> has been transmitted by the International Bureau. c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US) 6. <input checked="" type="checkbox"/> A translation of the International Application into English (35 U.S.C. 371(c)(2)). 7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) <ol style="list-style-type: none"> a. <input type="checkbox"/> are transmitted herewith (required only if not transmitted by the International Bureau). b. <input type="checkbox"/> have been transmitted by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input checked="" type="checkbox"/> have not been made and will not be made. 8. <input type="checkbox"/> A translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)). 9. <input checked="" type="checkbox"/> An unsigned oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)). 10. <input type="checkbox"/> A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)). 			
Items 11. to 16. below concern document(s) or information included:			
<ol style="list-style-type: none"> 11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98, Form 1449, 1 reference. 12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. 13. <input type="checkbox"/> A FIRST preliminary amendment. <input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment. 14. <input type="checkbox"/> A substitute specification. 15. <input type="checkbox"/> A change of power of attorney and/or address letter. 16. <input checked="" type="checkbox"/> Other items or information: Application Data Sheet (4 pages), International Publication Page WO 2005/054173, Form PCT/ISA/210, translation of priority document CN 200310120030.8 			

U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5)		INTERNATIONAL APPLICATION NO.		ATTORNEY'S DOCKET NUMBER	
Unknown		PCT/CN2004/001370		09548.1031USWO	
BASIC NATIONAL FEE (37 CFR 1.492(a) (1)-(5)):					
<input checked="" type="checkbox"/> a) Basic National fee.....				\$300	\$300
<input checked="" type="checkbox"/> b) Examination fee.....				\$200	\$200
<input checked="" type="checkbox"/> c) Search fee.....				\$500	\$500
TOTAL OF ABOVE CALCULATIONS =				\$1000	
Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.					
Total Sheets	Extra Sheets	Number of each additional set of 50 sheets, more than 100 sheets		Rate	
20	-100 = 0	/50 = 0		X \$250	\$0
Surcharge of \$130 for furnishing the oath or declaration later than [] 20 [] 30 months from the earliest claimed priority date (37 CFR 1.492(e)).				\$0	
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE		
Total claims	10	-20 = 0	X \$50	\$0	
Independent claims	6	-3 = 3	X \$200	\$600	
MULTIPLE DEPENDENT CLAIM(S) (if applicable)			+ \$360	\$0	
TOTAL OF ABOVE CALCULATIONS =				\$1600	
Reduction by 1/2 for filing by small entity, if applicable. Small entity status is claimed pursuant to 37 CFR 1.27				\$800	
SUBTOTAL =				\$800	
Processing fee of \$130 for furnishing the English translation later than [] 20 [] 30 months from the earliest claimed priority date (37 CFR 1.492(f)).				+ \$0	
TOTAL NATIONAL FEE =				\$800	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40 per property				+ \$0	
TOTAL FEES ENCLOSED =				\$800	
				Amount to be:	
				refunded	\$
				charged	\$

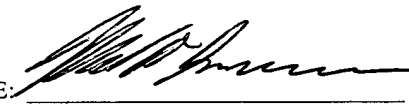
a. ☒ Check(s) in the amount of \$800 to cover the above fees is enclosed.

b. ☐ Please charge the amount of \$ to cover the required filing fee for a large entity to the credit card listed on the enclosed credit card authorization form.

c. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-3478.

NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.

SEND ALL CORRESPONDENCE TO:
Michael D. Schumann
Hamre, Schumann, Mueller & Larson, P.C.
P.O. Box 2902-0902
Minneapolis, MN 55402

SIGNATURE: 

NAME: Michael D. Schumann

REGISTRATION NUMBER: 30,422

80/581017

UNITED STATES PATENT AND TRADEMARK OFFICE

MAY 30 2006

Applicant: YE et al.
 Attorney Docket: 09548.1031USWO
 Title: HUVASTATIN AND ITS PREPARATION AND FORMULATION
 COMPRISING THE HUVASTATIN

CERTIFICATE UNDER 37 CFR 1.10

Express Mail mailing label number: EV 858804290 US

Date of Deposit: May 30, 2006

I hereby certify that the papers listed below are being deposited with the United States Postal Service Express Mail Post Office to Addressee service under 37 CFR 1.10 in an envelope addressed to: Mail Stop Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By: 

Name: Abbie Larkin

Mail Stop PCT
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

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PATENT TRADEMARK OFFICE

Commissioner:

The following papers are transmitted herewith:

- ☒ Transmittal sheet, in duplicate, containing Certificate Under 37 CFR 1.10;
- ☒ National Stage Patent Application including: Description - 16 pages; 10 Claims - 3 pages; Abstract - 1 page;
- ☒ Unsigned Combined Declaration and Power of Attorney;
- ☒ Application Data Sheet - 6 pages;
- ☒ Information Disclosure Statement, Form 1449, 1 reference
- ☒ Check(s) for the amount of \$800 to cover the filing fee calculated below;
- ☒ Other: Form PTO-1390, International Publication Page WO 2005/054173, Form PCT/ISA/210, translation of priority document CN 200310120030.8, copy of the International Application as filed in Chinese
- ☒ Return postcard

CLAIMS AS FILED

Number of Claims Filed	No.	In Excess of	Extra	Rate (\$)		Fee (\$)
Total Claims	10	20	0	25	=	0
Independent Claims	6	3	3	100	=	300
Multiple Dependent Claims Fee					=	0
Basic Filing Fee					=	150
Search Fee					=	250
Examination Fee					=	100
Utility Application Size Fee	20	100	0	125	=	0
Total					=	\$800

Please charge any additional fees or credit overpayment to Deposit Account No. 50-3478. A duplicate of this sheet is enclosed.

Hamre, Schumann, Mueller & Larson, P.C.
 P.O. Box 2902-0902 Minneapolis, MN 55402
 612.455-3800

By: 

Name: Michael D. Schumann
 Reg. No.: 30,422
 Initials: MDS/acp

(PTO TRANSMITTAL - NEW FILING)